



**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF AVIATION
5702 GULFSTREAM ROAD
RICHMOND, VIRGINIA 23250-2422**

REQUEST FOR STATE FUND REIMBURSEMENT

Note: If AIP project, please attach FAA Form 5100-60. If a State/Local project, attach contractor pay requests, invoices for engineering, inspection, testing, promotion, etc. as documentation in order to process request for reimbursement.

PART I - PROJECT INFORMATION

Name of Airport

State Project Number _____
AIP Project Number _____
State Grant Amount \$ _____

Type of Request:
Partial/No.: _____
Final: _____

PART II - PAYMENT INFORMATION

- a. Net Cumulative Project Cost to Date \$ _____
- b. State Share of Project Cost to Date \$ _____
(item multiplied by the % participation)
- c. Total State Payments Previously Received \$ _____
- d. Amount of this Request \$ _____
(item b minus item c)

I hereby certify that the above expenses have been authorized by the airport sponsor and have been incurred in accordance with the terms of the project as approved by the Department of Aviation. I also certify that the amount requested for reimbursement represents the State share due and has not been previously requested.

Signature/Title

Date

PART III - APPROVAL (Department of Aviation use only)

Project No. _____ Request No. _____

Your request is being (_____ approved/ _____ approved as noted below) for
\$ _____.

Coding: _____
Comments: _____

Approved by: _____
Date: _____